

## **ANNUAL STATEMENT**

#### FOR THE YEAR ENDING DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

·	00000 ,	00000 (Prior Period)	NAIC Company Code	52615	Employer's ID Number _	46-0927995
Organized under the Laws o	,	Michigan	, State	e of Domicile	e or Port of Entry	Michigan
Country of Domicile			United	d States		
Licensed as business type:	Life, Acciden	& Health [ ]	Property/Casualty [	]	Hospital, Medical & Dental Se	rvice or Indemnity [ ]
	Dental Service	e Corporation [ ]	Vision Service Corpo	ration [ ]	Health Maintenance Organiza	tion [X]
	Other [ ]		Is HMO, Federally 0	Qualified? Ye	es[]No[X]	
Incorporated/Organized		10/23/1997	Commence	ed Business	08/01/19	998
Statutory Home Office		853 W. Washin		,	Marquette, MI, US 4	
		(Street and Nu	mber)		(City or Town, State, Country an	d Zip Gode)
Main Administrative Office				V. Washingt street and Numb		
	uette, MI, US				906-225-7500	
· •	vn, State, Country a	and Zip Code)			(Area Code) (Telephone Number)	
Mail Address		V. Washington St.			Marquette, MI, US 49858 (City or Town, State, Country and Zip	
Primary Location of Books a	,	and Number of F.O. DOX)		853 \ <i>N</i> /	Washington St.	0000)
Timary Location of Books a	na records				et and Number)	
	quette, MI, US			-	906-225-7500	
	vn, State, Country a	and Zip Code)			ea Code) (Telephone Number) (Extension	n)
Internet Web Site Address				php.com	000 005 7500	
Statutory Statement Contact		Leslie Ellen L	.uke,	_	906-225-7500 (Area Code) (Telephone Number) (	Extension)
	luke@uphp.co	m `´´			906-225-8687 (Fax Number)	
Dennis Harold Smith Johanna Marie Nova		President Secretary		Leslie Eller lissa Ann Ho	,	Treasurer Operating Officer
Michelle Marie Tavern		David Barry J		John Joseph		Michael Pawelski #
Robert Conrad Deese Brian Robert Sinotte		Charles Edward	Nelson F	Robert Vince	ent Vairo Scott	Frederick Pillion
State of		ss				
County of	.Marquette					
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	ed assets were to the related exhibited affairs of the cordance with the sor regulations ely. Furthermore copy (except fo	he absolute property of ts, schedules and exp said reporting entity as e NAIC Annual Stateme require differences in in the scope of this atter formatting differences	the said reporting entity, free lanations therein contained, a of the reporting period stated ent Instructions and Accounting reporting not related to accoustation by the described office	e and clear from annexed or relationships and control of the contr	said reporting entity, and that on the ormany liens or claims thereon, exceferred to, is a full and true statem of its income and deductions therefind <i>Procedures</i> manual except to the s and procedures, according to the des the related corresponding elect tatement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
Dennis Haro Preside			Leslie Ellen Luke Treasurer		Johanna Ma Secret	
Subscribed and sworn to b	efore me this February	2018		b. If 1.	this an original filing? no: State the amendment number Date filed	Yes [ X ] No [ ]

 $\overline{\text{Tanya M. Jennings, Director of Human Resources}}$  October 11, 2019

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	-					
Group subscribers:						
						<b> </b>
						<b></b>
						ļ
0299997 Group subscriber subtotal	0	0		0	0	0
0299998 Premiums due and unpaid not individually listed			·····			ł
0299999 Total group	21,475	40,070	780	15,468	J	77 702
0499999 Premiums due and unpaid from Medicare entities	3,718,241	2,953,247	2,988,840	287,934		77,792 9,948,262
10439393 Fremiums due and unipate from Medicate entitles	3,739,716	2,993,317	2,989,620	303,402	0	10,026,054
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,739,710	2,993,317	2,909,020	303,402	l 0	10,020,034

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

		<u> </u>				
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables	-					
Magellan Rx Pharmaceutical Rebate Receiv.		272,544	272,544	817,630	1,635,264	
0199999 - Pharmaceutical Rebate Receivables	272,544	272,544	272,544	817,630	1,635,264	(
0299998 - Aggregate of amounts not individually listed above.	116,364	ĺ ·	,	<u> </u>	, ,	116,364
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	116,364		0	0	0	116,364
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		†		†		
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		†		†	1	
0799999 Gross Health Care Receivables	388,908	272,544	272,544	817,630	1,635,264	116,364

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,736,029	2,093,736	0	1,635,267	1,736,029	0
Claim overpayment receivables				116,364	0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	1,736,029	2,093,736	0	1,751,631	1,736,029	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid (	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	, .					
0199999 Individually listed claims unpaid.	0	0	0	0	0	
0199999 Individually listed claims unpaid						<b>.</b>
0399999 Aggregate accounts not individually listed-covered	5,088,022	103,032	94	299	1,574	5,193,02°
0499999 Subtotals	5,088,022	103,032	94	299	1,574	5,193,02
0599999 Unreported claims and other claim reserves						30,758,09
0699999 Total amounts withheld						106,304
0799999 Total claims unpaid						36,057,424
0899999 Accrued medical incentive pool and bonus amounts			·			

# Exhibit 5 - Amounts Due From Parent, Subs

Exhibit 6 - Amounts Due To Parent, Subs

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	47 , 165 , 100	17.8		0.0	38,567,044	8,598,056
Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments	47 , 165 , 100	17.8	0	0.0	38,567,044	8,598,056
Other Payments:						
5. Fee-for-service		0.0	xxx	Lxxx		
Contractual fee payments	217 , 125 , 834	82.2	xxx	Lxxx	197 , 758 , 210	19,367,624
Bonus/withhold arrangements - fee-for-service		0.0	xxx	xxx		
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	xxx		
9. Non-contingent salaries		0.0	xxx	xxx		
10. Aggregate cost arrangements		0.0	xxx	xxx		
11. All other payments		0.0	xxx	xxx		<u> </u>
12. Total other payments	217,125,834	82.2	xxx	xxx	197,758,210	19,367,624
13. Total (Line 4 plus Line 12)	264,290,934	100 %	XXX	XXX	236,325,254	27,965,680

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTION		MEDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			ł		
				]	
			1	1	
			1	1	
0000000 T-1-1-			VOV.	2004	
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,016,514		363,875		652,639	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	1,016,514	0	363,875	0	652,639	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Upper Peninsula Health Plan, LLC **REPORT FOR: 1. CORPORATION** 

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2017		Г	NAI	C Company Code	52615
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,852							4,304	43,548	
2 First Quarter	49,212							4,435	44 ,777	
3 Second Quarter	49,795							4,552	45,243	
4. Third Quarter	48,627							4,561	44,066	
5. Current Year	48,579							4,577	44,002	
6 Current Year Member Months	588,689							54,084	534,605	
Total Member Ambulatory Encounters for Year:										
7. Physician	302,369							42,424	259,945	
8. Non-Physician	226,739							52,476	174,263	
9. Total	529,108	0	0	0	0	0	0	94,900	434,208	
10. Hospital Patient Days Incurred	23,320							5,402	17,918	
11. Number of Inpatient Admissions	5,639							1,201	4,438	
12. Health Premiums Written (b)	293 , 123 , 547							97,685,821	195 , 437 , 726	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	293,123,547							97,685,821	195 , 437 , 726	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	264,290,934							87,632,566	176,658,368	
18. Amount Incurred for Provision of Health Care Services	263,875,478							93,438,566	170,436,912	

(a) For health business: number of persons insured under PPO managed care products  $\,0\,$ and number of persons insured under indemnity only products 0

...54,491,478 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2.

ALC Crown Code 00000 DUCINECO IN THE OTATE OF	Canadidated			DUDING THE VEAD	2017			(LOCATION)	IC Company Cod-	E261E
AIC Group Code 00000 BUSINESS IN THE STATE OF		Compreh	nensive	DURING THE YEAR					IC Company Code	52615
	1	(Hospital &	Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:					-					
1. Prior Year	47,852	0	0	0	0	0	0	4,304	43,548	
2 First Quarter	49,212	0	0	0	0	0	0	4,435	44 ,777	
3 Second Quarter	49,795	0	0	0	0	0	0	4,552	45,243	
4. Third Quarter	48,627	0	0	0	0	0	0	4,561	44,066	
5. Current Year	48,579	0	0	0	0	0	0	4,577	44,002	
6 Current Year Member Months	588,689	0	0	0	0	0	0	54,084	534,605	
Total Member Ambulatory Encounters for Year:										
7. Physician	302,369	0	0	0	0	0	0	42,424	259,945	
8. Non-Physician	226,739	0	0	0	0	0	0	52,476	174,263	
9. Total	529,108	0	0	0	0	0	0	94,900	434,208	
10. Hospital Patient Days Incurred	23,320	0	0	0	0	0	0	5,402	17,918	
11. Number of Inpatient Admissions	5,639	0	0	0	0	0	0	1,201	4,438	
12. Health Premiums Written (b)	293,123,547	0	0	0	0	0	0	97,685,821	195,437,726	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	293,123,547	0	0	0	0	0	0		195 , 437 , 726	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	264,290,934	0	0	0	0	0	0		176,658,368	
18. Amount Incurred for Provision of Health Care Services	263,875,478	0	0	0	0	0	0	93,438,566	170,436,912	

(a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......54,491,478

### Reinsurance

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Danama Liabilita	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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9999999	Totals					0	0	0	0	0	0

## SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	2	3	able on Paid and Unpaid Losses Listed by Rei 4	T	1 001	
	2	3	4	5	6	7
1						
NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
code	alth - Non-Affili	ates - U.S. Non-Aff	iliates	Julisdiction	LUSSES	LUSSES
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO	TX		338,381
1999999 - Acci	dent and Health	- Non-Affiliates - U	J.S. Non-Affiliates		0	338,381 338,381
2299999 - ACCI	dent and Health	- Total Accident and	Total Non-Affiliates d Health		0	338,381
2399999 - Tota	I U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)		0	338,381
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	tale Life Appu	ity and ∆ccident ar	nd Health (Sum of 1199999 and 2299999)	1	0	338,38

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## **SCHEDULE S - PART 3 - SECTION 2**

Dainauranaa Cada	l Assidant and Hasith Inc., vanca	Listed by Deinerring Company	as of December 31. Current Year
Reinsurance Geoed	i Accident and Health Insurance	Listed by Reinsuring Company a	as of December 31. Current Year

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
					6	7						1	
1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC	_	ŭ	Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
	ID	F##:		Daniellian.							12		Conside Marithele edel
Company		Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	count - Authorized	d – Non-Affiliate	es - U.S. Non-Affiliates										
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO	TX	SSL/1/A	MR_	45,971					1	
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO.	ΤX	SSL/1/A	MC	454,414						
00700			Non-Affiliates - U.S. Non-Affiliates		00L/1/N		500,385	0	0	Λ	0	0	0
1000000	- Delieral Account	- Authorizeu - N	NOIT-ATTITIALES - U.S. NOIT-ATTITIALES					0	0	0	· ·	0	0
			Non-Affiliates – Total Authorized Non-Affiliates				500,385	0	ů	0	0	-	0
			Total General Account Authorized				500,385	0	0	0	0	0	0
3499999	- General Account	- Total General	Account Authorized, Unauthorized and Certified				500,385	0	0	0	0	0	0
6999999	- Total U.S. (Sum	of 0399999 0899	9999, 1499999, 19999999, 2599999, 3099999, 3799999	4299999 4899999	5399999 5999999 and	1 6499999)	500,385	0	0	n	0	n	0
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9999999	9 Totals						500,385	0	0	0	1 0	1 0	0

Schedule S - Part 4

Schedule S - Part 5

## **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	3	4	5
	2017	2016	2015	2014	2013
A. OPERATIONS ITEMS					
1. Premiums	0	0	16	12	0
2. Title XVIII-Medicare	46	42	30	4	0
3. Title XIX-Medicaid	454	439	418	364	294
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	82,623,077		82,623,077
2.	Accident and health premiums due and unpaid (Line 15)	10,801,054		10,801,054
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	338,381	338,381
5.	All other admitted assets (Balance)	1,048,127		1,048,127
6.	Total assets (Line 28)	94,472,258	338,381	94,810,639
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	35,719,043	338,381	36,057,424
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	3,601,390		3,601,390
15.	Total liabilities (Line 24)	39,320,433	338,381	39,658,814
16.	Total capital and surplus (Line 33)	55,151,825	XXX	55, 151, 825
17.	Total liabilities, capital and surplus (Line 34)	94,472,258	338,381	94,810,639
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	338,381		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	338,381		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	338,381		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

	ı			Direct Bus	siness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	ľ						
	AR						
5. California							
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia							
10. Florida							-
11. Georgia							-
12. Hawaii							
13. Idaho							
14. Illinois	IL						
15. Indiana							-
16. lowa	JA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	ОН						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam53.							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							-
58. Aggregate Other Alien							
	I					ļ	

## 4

## SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

					•				,		1		1		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership.				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	O va a Na va	Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
O0000	Group Name	Code 000000	Number 20-1538254	RSSD	CIK	International)	or Affiliates LifePoint Health, Inc	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		. 00000	20-1000204				Historic LifePoint Hospitals,	DE				J	LifePoint Health,	1	
00000		00000	52-2165845				LLC	DE	UIP	LifePoint Health, Inc.	Ownership	100.0	Inc.		0
							LifePoint Hospitals Holdings,	]		Historic LifePoint Hospitals,			LifePoint Health,	1	
00000		. 00000	52-2167869				LLC	DE	UIP	LLC	Ownership	100 . 0	Inc		0
00000		00000	00 4770700				LifeBeigh Heldings O. 110	DE	IIID	LifePoint Hospitals Holdings,	O	400.0	LifePoint Health,		0
00000		. 00000	62-1778733				LifePoint Holdings 2, LLC	DE	UIP	LL6	Ownership	100.0	IncLifePoint Health,		
00000		00000	46-0927995				Acquisition Bell Hospital	MI	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	Inc.		0
00000			40 002/000				Noqui o i cioni bo i i noopi cui			Error offic floratings 2, EEG	0 #1101 0111 p	1	LifePoint Health,	1	
00000		. 00000	30-0788439				Portage Holding Company, LLC	MI	UIP	Portage Health Foundation	Ownership	20.0	Inc	ļl	0
								l		l	l	l	LifePoint Health,		_
00000		. 00000	30-0788439				Portage Holding Company, LLC	M I	UIP	LifePoint Holdings 2, LLC	Ownership	80.0	Inc		0
00000		00000	46-0927995				Portage JV, LLC	M I	UIP.	Portage Holding Company, LLC	Ownerchin	100.0	LifePoint Health,		0
00000		. 00000	40-0927995				Portage 37, LLC			For tage noturing company, LLC	. Owner Sirip	100.0	LifePoint Health.	1	
00000		00000	26-2708085	l			DLP Partner, LLC	TN	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	Inc.	]]	0
							,			Duke University Health	'		LifePoint Health,		
00000		. 00000	27 - 4750610				DLP Healthcare, LLC	TN	UIP	System, Inc	Ownership	3.0	Inc	ļ	0
00000		00000	07 4750040				DID Hardtham 110	TN	IIID	DID Davidson IIIO	O	07.0	LifePoint Health,		0
00000		. 00000	27 - 4750610				DLP Healthcare, LLCDLP Marguette Holding Company.	TN	UIP	DLP Partner, LLC	Ownership	97.0	IncLifePoint Health.		Ω
00000		. 00000	36-4733741				IIIC	TN	UIP	DLP Healthcare, LLC	Ownership.	100.0	Inc.		0
00000		l i								DLP Marguette Holding	. oor or rp	1	LifePoint Health.	1	
00000		. 00000	80-0829209				DLP Marquette Health Plan, LLC	TN	UDP	Company, LLC	Ownership	100.0			1
	Upper Peninsula Health Plan,						Upper Peninsula Health Plan,	l			l	l	LifePoint Health,		_
00000	LLC	52615	46-0927995				LLC	MI	RE	Baraga Memorial Hospital	Ownership	8.0	Inc.		0
00000	Upper Peninsula Health Plan,	52615	46-0927995				Upper Peninsula Health Plan,	MI	RE	Acquisition Bell Hospital,	Ownership	5.1	LifePoint Health,		0
00000	Upper Peninsula Health Plan,	. 02010	40-0327333				Upper Peninsula Health Plan.			LLO	. Owner sirrp	J	LifePoint Health.	1	
00000	LLC.	52615	46-0927995				LLC.	MI	RE	Dickinson Healthcare System	Ownership	5.4	Inc.	]]	0
	Upper Peninsula Health Plan,						Upper Peninsula Health Plan,			· ·	'		LifePoint Health,		
00000	LLC	52615	46-0927995				LLC	MI	RE	Aspirus Ironwood Hospital	Ownership	4.6	Inc.	ļ	0
00000	Upper Peninsula Health Plan,	EOG 1E	46-0927995				Upper Peninsula Health Plan,	MI	RF	Agnirus Iron Divor	Ownership	1 10	LifePoint Health,		0
00000	Upper Peninsula Health Plan,	52615	40-092/993	-			Upper Peninsula Health Plan.	I IVI	KE	Aspirus Iron River	Ownership	1.9	IncLifePoint Health,	·····	Ω
00000	LLC	52615	46-0927995				LLC	M1	RE	Aspirus Keweenaw Hospital	Ownership	3.7		]	0
	Upper Peninsula Health Plan,						Upper Peninsula Health Plan,			'	· · · · · · · · · · · · · · · · ·		LifePoint Health,		
00000	LLC	52615	46-0927995				LLC	MI	RE	Helen Newberry Joy Hospital	Ownership	2.0	Inc	ļ	0
00000	Upper Peninsula Health Plan,	50045	40 0007005				Upper Peninsula Health Plan,	,,,	DE	DLP Marquette Health Plan,	O		LifePoint Health,		_
00000	Upper Peninsula Health Plan,	52615	46-0927995	-			ILLC Upper Peninsula Health Plan,	MI	RE	LL6	Ownership	56.4	lncLifePoint Health,	<del> </del>	0
00000	торры генинаціа пеатці Fian, ПІС	52615	46-0927995				TOPPER FEITHISUTA MEATUR FIAM,	MI	RE	Munising Memorial Hospital	Ownership	0 1	Inc.		Λ
00000	Upper Peninsula Health Plan,	02010	TO 0021000				Upper Peninsula Health Plan,			I man sang monor far nospital	, omioi omp		LifePoint Health,	1	
00000	LLC	52615	46-0927995				LLC	MI	RE	Portage JV, LLC	Ownership	10.1	Inc	<u> </u>	0
	Upper Peninsula Health Plan,	l i					Upper Peninsula Health Plan,						LifePoint Health,		
00000	LLC	52615	46-0927995				LLC.	MI	RE	Schoolcraft Memorial Hospital	Ownership	12.2	Inc	ļ	0

## SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
· ·	_	•			Ů	Name of	, and the second				Type of Control			"	
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	<u> </u>	Company		Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
00000	Upper Peninsula Health Plan,	50045	40,0007005				Upper Peninsula Health Plan,		DE	OOM Talk at the attalk	O		LifePoint Health,		0
00000	LLU	52615	46-0927995	-			LLU	MI	RE	SSM Tribal Health	Ownership	0.6			0
00000	Upper Peninsula Health Plan,	52615	46-0927995				Upper Peninsula Health Plan,	мт	RF	War Mamarial Haspital	Ownership	7 1	LifePoint Health,		0
00000	Upper Peninsula Health Plan,	. 520 15	40-092/995				Upper Peninsula Health Plan,	JVI I		War Memorial Hospital Upper Peninsula Managed Care,	Ownership		LifePoint Health,		
00000	TIC	52615	46-0927995				liic	мт	DE.	Tupper rennisura manageu care,	Management	0.0			0
00000	LLO	. 02010	. 40-0327333				LLO			LLO	, manayement	1	1110		 0
				1				-						·····	
									1						

Asterisk	Explanation
0000010	DLP Marquette Holding Company, LLC is also the sole member of DLP Marquette General Hospital, LLC.
0000023	Upper Peninsula Managed Care. LLC has a contractual relationship only with the insurer.

### 4.2

## **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
52615	46-0927995	Upper Peninsula Health Plan. LLC					(10,353,980) 10,353,980				(10.353.980)	
	38-3323620	Upper Peninsula Managed Care, LLC					10,353,980		ļ		10,353,980	
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0000000	Control Totals		0	0	0	0	0	0	XXX	0	0	0

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

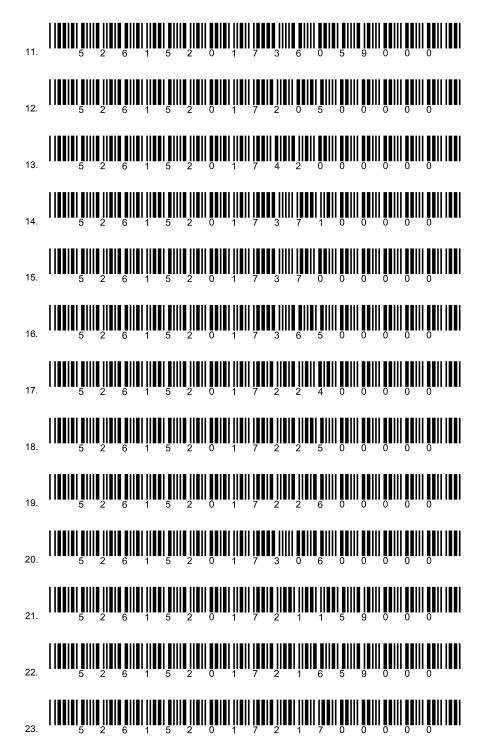
	MADOLI ELLING	Responses
1.	MARCH FILING  Will the Supplemental Componentian Exhibit he filed with the state of demisile by March 12	YES
2.		YES
3.		YES
4.		YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES.
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact he special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod plement is required of your company but is not being filed for whatever reason, enter <b>SEE EXPLANATION</b> and provide an explanation following ins.	e will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.		N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.		N0
21.		N0
22.		NO
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	ation:	
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20 .		

21.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

Bar code:



## **OVERFLOW PAGE FOR WRITE-INS**

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